DOCUMENT RESUME

ED 044 842 EC 030 600

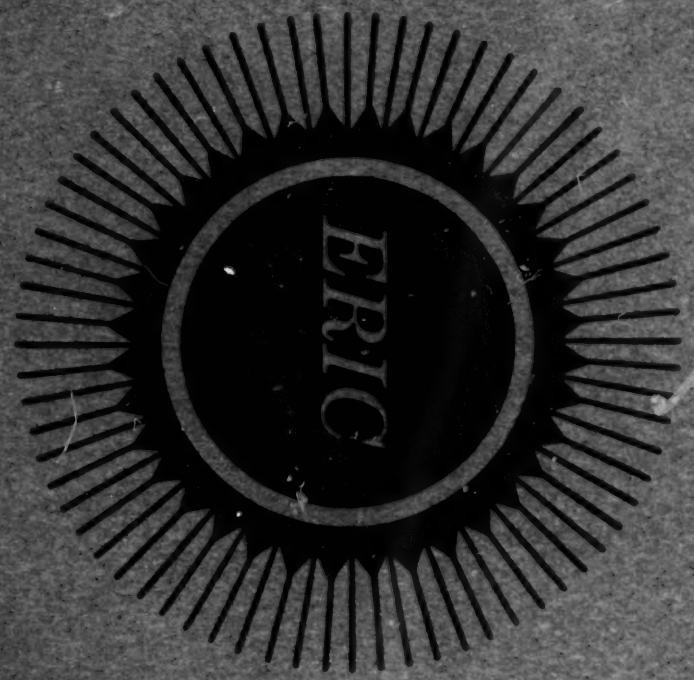
| | |
|---|---|
| TITLE | Identification of Exceptional Children (Handbook for Screening Team Chairmen). |
| INSTITUTION | Mississippi State Dept. of Education, Jackson. |
| PUB DATE | 70 |
| NOTE | 51p. |
| EDRS PRICE | EDRS Price MF-$0.25 HC-$2.65 |
| DESCRIPTORS | Administrative Policy, Admission Criteria, *Exceptional Child Education, Handicapped Children, *Identification, *Screening Tests, *State Programs, *Student Placement |
| IDENTIFIERS | Mississippi |

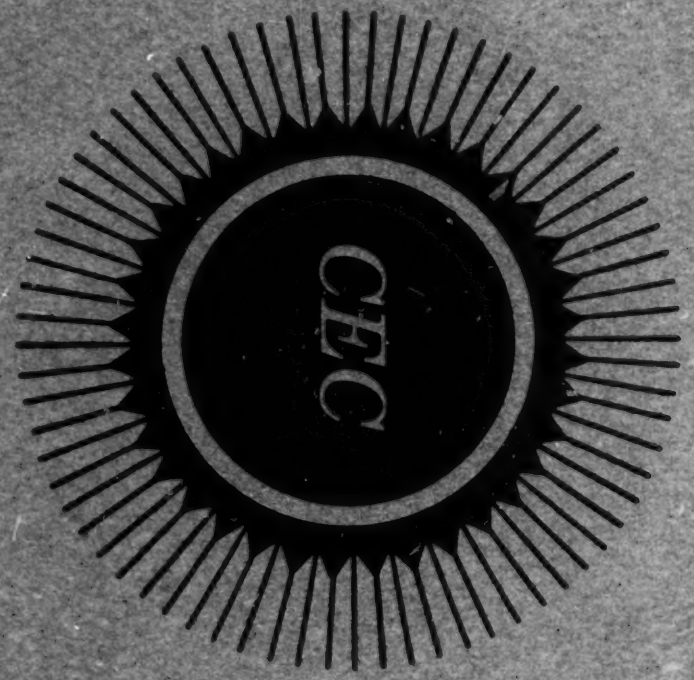
ABSTRACT

General screening policies and procedures for identification of exceptional children in Mississippi are described including aspects of philosophy, definitions, legal provisions, regional screening teams, and the organization of special education classes. The screening processes for the specific handicaps of mental retardation, learning disabilities, emotional disturbance, physical impairments, and homebound children are discussed. Various sample forms used in the screening procedures are included. (RD)

EDO 44842

EC030600



EC030600

ED044842

# IDENTIFICATION OF EXCEPTIONAL CHILDREN

## (HANDBOOK FOR SCREENING TEAM CHAIRMEN)

June - 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

EC 030 600 E

EC030600

# IDENTIFICATION OF EXCEPTIONAL CHILDREN

## (HANDBOOK FOR SCREENING TEAM CHAIRMEN)

## TABLE OF CONTENTS


| | | Pages |
|---|---|---|
| I. | General Policies | 1 - 11 |
| | A. Screening Policies and Procedures | |
| | B. General Information Bulletin on Identification (for distribution to school administrators) | |
| | C. Policies and Suggested Procedures (for general distribution, in reply to requests for information) | |
| II. | Mental Retardation | 12 - 19 |
| | A. Screening Process | |
| | B. Short-Form Information Sheet | |
| | C. Sample Form SE-MR-70 | |
| | D. Sample Summary Sheets For Screening Reports | |
| | E. Sample Billing Form | |
| III. | Specific Learning Disabilities | 20 - 32 |
| | A. Screening Process | |
| | B. Sample Form SE SLD 70 | |
| | C. "Characteristics" List | |
| IV. | Emotional Handicaps | 33 - 36 |
| | A. Screening Process | |
| | B. Sample Form SE ED 70 | |
| V. | Handicapped Children or for Homebound Instruction | 37 - 50 |
| | A. Screening Children for Programs for Physically Handicapped Pupils | |
| | B. Sample Form SE PHHB 70 | |
| | C. Materials used by Jackson Public Schools for Homebound Program | |
| | D. Materials used by Hinds County Public Schools for Homebound Program | |
| | E. Materials used by Biloxi Municipal Separate School District for Homebound Program | |

# GENERAL POLICIES

SCREENING POLICIES AND PROCEDURES

ACCEPTED BY REGIONAL CHAIRMEN

AND STATE DEPARTMENT OF EDUCATION

1. A local survey committee, appointed by the school superintendent of the district which it serves, (a) selects children who would seem to need special educational programs, (b) thoroughly studies these pupils and (c) completes the appropriate data sheet (screening form) for each individual whom it decides to recommend for evaluation by a regional screening team.

2. The superintendent of the school district arranges with the regional screening team chairman for evaluation of the pupils recommended by the local survey committee.

   The superintendent should contact the chairman of an approved regional screening team in making arrangements for screening.

   Fee arrangements for screening should be made in advance by the superintendent and the regional chairman, with the understanding that no action will be taken by the regional team until local studies have been completed and recorded on the appropriate personal data sheets.

   If information gathered locally is adequate, then the school district will be buying from the regional screening team, for each child being screened, a determination as to eligibility for a special program and a written report with comments and recommendations.

3. A regional screening team may use for psychological testing the services of a qualified contributor, provided that the team psychologist supervises this individual's administration of tests enough times to assure himself of the contributor's competency as an evaluator. The procedure for employing a contributor is for the screening team chairman to contact an individual with these qualifications, as a minimum: (a) coursework in individual testing, (b) a statement of competency from the professor responsible for this coursework and (c) State Department of Education approval.

4. The responsibility of the regional screening team is the determination of eligibility for a special education program. Placement of an eligible pupil in a special education program, or his removal from it, are responsibilities of the school administration.

5. There must be constant evaluation of all pupils, so that individuals will be provided special programs according to their needs and moved into other situations as their needs change.

6. Members of regional screening teams are appointed by the State Board of Education, on recommendations from the supervisor of the Special Education Section of the State Department of Education based on study of credentials and performance in their special fields of service.

7. The following specialities should be represented on the team: psychology, education, medicine, speech pathology, and (when possible) social work and audiology. Each member should have, as a minimum educational requirement, the master's degree in his field and should be appropriately licensed or certified. The physician on the team should have done additional work in pediatrics after achieving the M.D.

# GENERAL INFORMATION ON IDENTIFICATION OF EXCEPTIONAL CHILDREN (DISTRIBUTED, ON REQUEST, TO SCHOOL ADMINISTRATORS AND OTHER INTERESTED PERSONS)

The Mississippi Special Education Program
For the Education of Exceptional Children
(Abstracted from H.B. 51, Chapter 283, Laws of 1952, as amended by H.B. 224, 1956 Regular Session and H.B. 404, 1960 Regular Session.)

## I. Definition of an Exceptional Child.

Any child of educable or trainable mind, under 21 years of age, for whose particular educational needs institutional care and training are not available in this state, or who cannot pursue regular class work due to physical, mental, or emotional conditions, as determined by competent medical authorities and psychologists shall be considered an exceptional child for the purposes of this act, provided that the medical authorities and psychologists are approved by the State Board of Education.

## II. The Identification of Exceptional Children.

### A. Regional Screening Teams

In the initiation of this program in 1952, the Special Education Advisory Committee selected by the State Board of Education recommended the establishment of regional screening teams in various areas of the state to perform the functions of the "medical authorities and psychologists" specified in H.B. 51. The membership of the regional screening team was expanded to include other necessary disciplines, but included the "medical authorities and psychologists" as specified in the act. These members are:

1. A physician, preferably a pediatrician, in good standing with the State Medical Association and interested in handicapped children

2. A psychologist with at least a master's degree and experience and training in the individual testing of children

3. A certified speech and hearing specialist

4. An educator with knowledge of and interest in the education of exceptional children

5. A chairman well-informed on special education and the screening process. He may be, but is not necessarily, one of the four above named persons.

B. The Local Survey Committee.

It is always recommended to the local school administrator that he appoint to this committee those persons who have interest and competence in evaluating children and collecting data on them. Some of these will usually be: special education teacher, regular class teacher, principal, guidance counselor, school psychologist (or psychometrist), and possibly County Health and Welfare personnel. The major function of this committee is to collect all available pertinent information on each child recommended and suggest pupils who need further evaluation. Survey Data Forms are provided in each area of exceptionality to guide this committee in its work.

C. *Procedure.

1. If the program is new to a school system, usually a member of the Special Education Office Staff of the State Department of Education Division of Instruction may attend a faculty meeting of the interested school to discuss the characteristics of the children for whom the particular program is planned. At the close of this presentation, after an opportunity to ask questions, each teacher is requested to indicate the number of pupils she wishes to refer and is given a data form on which to give identifying information.

2. The forms, with names of pupils and some information, are collected and placed into the hands of the local survey committee. This committee collects further information on each referral, evaluates it, and recommends that the school superintendent call the regional screening team chairman to make arrangements for individual testing of those children whom the local survey committee is referring.

3. The regional screening team receives all pertinent information as suggested above, and on the preponderance of evidence based on the following data, a decision is made as to the eligibility of the child for a special class and the type of class required to meet his educational needs:

    1. Recommendation of the teacher, preferably with written narrative, describing the behaviors which indicate that this pupil needs special help.

    2. Support by the local survey committee of teacher's recommendation, as evidenced by items checked and comments made in space for local survey committee's use, and by signature of local chairman.

*This section is directly applicable to identification of mentally retarded children, although general policies apply to all handicapping conditions. For specific recommendations regarding a particular area of exceptionality, write the State Supervisor, Special Education, Box 771, Jackson, Mississippi 39205.

3. Results of group achievement tests.

4. Scores of group intelligence tests.

5. Extent delayed in age-grade placement and other educational information (grades failed, etc.)

6. Developmental history given by parents.

7. Individual psychological examinations.

8. Medical examinations, where indicated.

When the stage of getting clinical examinations by professional persons is reached, there is usually a fee of about fifty cents* for a candidate for speech correction to approximately fifty-five dollars per child in rare instances for those screened for neurological dysfunctions, emotional disturbance, or other extensive medical diagnosis. This cost must be borne by the local school system.

The State Department of Education Special Education Staff comprises an approved screening team, but it functions mainly in situations where a regional team is not available or in new areas of exceptionality in which exact philosophy, procedures and screening methodology have not been crystallized. Dr. Frank Wiygul, Jr., pediatrician and medical director of the School Health Service serves as our physician on this team.

There are in Mississippi eleven (11) State Board of Education approved regional screening teams in the various colleges, universities, and agencies. These members perform this service over and above their regular duties. There is a great need for full-time state financed screening services.

*Fee is exceptionally low for the speech correction candidate, because examination procedures will usually have been completed by the local school district's speech pathologist or by a team of specialists from a nearby university. The work of the regional screening team in this field is essentially the approval or disapproval of the individual selections made by the therapist for the case load.

# POLICIES AND SUGGESTED PROCEDURES

## The Mississippi Program of Education for Exceptional Children

### Philosophy

The philosophy upon which this program is based is to give every child his rightful heritage--an educational program so planned, adapted, and conducted as to provide each child the training and opportunity to take his rightful place in a democratic society. Fundamentally, the purpose of education for the exceptional child is to equip him with the attitudes and understanding, the skills and abilities, and the knowledge which will make it possible for him to become a self-supporting, contributing member of society. This is considered to be sound socially and economically practical.

### Definition

The Mississippi State Legislature at its 1952 Session passed House Bill No. 51, an act to provide for the education of exceptional children. Section 2, Definition, House Bill 51, as amended by House Bill 224, 1956 Regular Session, defines the exceptional child as "any child of educable and trainable mind under twenty-one years of age for whose particular educational needs institutional care and training are not available in this state, or who cannot pursue regular classwork due to reason or reasons of defective hearing, vision, speech, mental retardation or physical conditions, as determined by competent medical authorities and psychologists, shall be considered an exceptional child for the purpose of this act . . ."

### Legal Provisions

Section 2: (House Bill 404, 1960 Regular Session)

". . . one half of a teacher unit each shall be added to the teacher unit allotment for each county and for each separate school district . . . for each teacher employed in a special education class, as authorized by Chapter 283, Laws of 1952, as now or hereafter amended and approved by the State Department of Education."

". . . the State Board of Education is hereby authorized and empowered to make such payments to all districts as deemed necessary in connection with transporting exceptional children as defined in Chapter 283, of the laws of 1952, and the amendments thereto."

## Organization of Classes

1. The initiative in organizing special education classes must be taken by the local community. In no case is the State Department of Education to attempt pressure for the establishment of such classes. You will, however, find the State Department of Education ready at all times to give every assistance possible in helping the local community and school authorities to set up these classes. The local school authorities should utilize the services of the State Supervisor of Special Education in planning a class.

2. The organization of a special class usually involves much time, patience and planning. Below are listed some of the prerequisites for successful classes for exceptional children:

   a. Readiness and acceptance on the part of the community toward a special program. Schools often take from twelve to eighteen months to prepare the community. This may be done through PTA programs, faculty meetings, civic clubs, newspaper articles, etc.

   b. The required number of children in the area of exceptionality in which there is interest. For physically and mentally handicapped there should be from eight to fifteen pupils who will qualify. There should be a minimum of twenty five pupils in a program of speech correction, and a minimum of five in a program for hearing impaired pupils.

   c. An available classroom meeting the approval of the State Department of Education. In most instances the room should be of regular classroom size and located in the same building as other pupils of comparable ages.

   d. Availability of a teacher certified to teach exceptional children or one who will become certified before September 1 of the year the class is to begin.

   e. Provisions for local financial support.

   f. Plans for developing a sequence of programs to meet foreseeable needs

3. Application for approval should be made as far in advance of the beginning of classes as possible. Application forms may be secured from the Supervisor of Special Education, State Department of Education, P. O. Box 771, Jackson, Mississippi.

4. The maximum number of pupils per class of physically handicapped or mentally retarded is fifteen. The maximum case load per speech correctionist is seventy-five. Each class is organized for

children of one type of exceptionality only. Children having more than one handicap will be assigned on the basis of their own individual needs and the best interests of the other pupils in the class.

5. Locating and identifying exceptional children is one of the most important steps in the organization of special classes. The first step in this procedure is for the local school administrator of the school area or areas to be served to select a local survey committee. This committee should be composed of such persons as the following, within the discretion of the administrator: the school superintendent and/or principal, a teacher or teachers, school counselor, school nurse or physician or member of the local health department, welfare worker, and others deemed advisable, such as PTA leader, members of interested civic organizations, etc. The administrator or his designated representative should serve as chairman of this committee. Its purpose is to collect all pertinent information on every child considered a prospect for the class or possibly in need of its services. Criteria for referral might include such factors as scores of 75 or lower on group intelligence tests, 25 per cent or more academically retarded on group achievement tests, two years or more older than normal age-grade placement and teacher's evaluation. Forms will be supplied by the State Department of Education for recording this information. These completed forms, along with appraisals, recommendations and comments of the survey committee are to be sent with the request for screening to the regional screening center where the final decision as to eligibility will be made.

## Screening of Pupils for Eligibility

The State Department of Education will approve for financial assistance only the special education classes the pupils of which have been reported eligible by an approved regional screening team. Regional screening centers are located in areas accessible to all parts of the state. When informed that the school is ready for screening team action, the Supervisor of Special Education will advise as to the proper center to contact.

## Teacher Certification and Approval

Extreme care must be used in selecting a teacher for exceptional children. One should be chosen for her physical and emotional health, adaptability, good judgment, interest, sympathetic understanding of the problems of exceptional children and the ability to work with people. She must be able to put the welfare of the child above consideration of expenditure of time and energy.

The teacher must have a valid special subject field certificate to teach exceptional children in the appropriate areas of exceptionality or secure one by September 1 if the class is

to be approved for the ensuing year. In all cases the teacher must have at least six semester hours or eight quarter hours of special education courses. Three semester or four quarter hours must be in a survey course dealing with principles and philosophy of teaching exceptional children and a minimum of three semester or four quarter hours in the area in which the teacher is to teach (Bulletin 130, revised).

## Salaries, Supplies and Equipment

Local school authorities will set the salaries of special education teachers and include in the budget sufficient funds to purchase the necessary teaching material, supplies, and equipment required by the State Department of Education.

## Transportation

Application for funds for the transportation of exceptional children who cannot, or it is not advisable for them to, utilize the regular transportation facilities should be made to the Director of Administration and Finance, State Department of Education, P. O. Box 771, Jackson, Mississippi.

## Financing

Payments to schools for the extra one-half teacher units for special education classes will be included in the regular disbursements of funds from the Minimum Education Program. The funds allotted will be based on the grade of special education certificate held by the teacher. The amount will be one-half the sum of the teacher's salary and the amounts provided for administration and other costs for a regular teacher-unit under the Minimum Education plan. This, plus any provisions made for special transportation, is all that will be paid by the state for the operation of such classes including costs of materials, equipment, supplies and screening.

# MENTAL RETARDATION

## SCREENING PROCESS

Matters to be considered in determining eligibility of a pupil include achievement lags, home status, behavior of the child in the home, school behavior of the child, education of parents, developmental history of the child, medical factors, recommendations of the local survey committee and results of individual intelligence tests. Language difficulties which existing tests present to individuals from minority groups should also be considered.

Screening for an m.r. class requires, for each pupil:

1. The Personal Data Form SE-MR-70, fully completed before examiner comes to school
2. Educational records, showing achievement level and attendance records completed before examiner comes to school
3. Individual intelligence tests, usually the Wechsler or the Binet, with supplementary tests where indicated* (No short forms of individual intelligence tests are acceptable.)
4. Psychologist's or psychometrist's report
5. Medical report (desirable)
6. Consideration of all factors, and a decision as to eligibility, made by a multi-disciplinary regional screening team

(Instances where an individual is declared eligible "on trial", a time limit should be set for the trial period.)

Although there has been some variation among teams in assessment of fees, screening team chairmen at the 1970 Special Study Institute agreed that this system, which represents something like a median in cost to the school district would be simple to administer and generally adequate:

$13 per child for two tests (a major individual intelligence test and a supplementary test)

or

$16 per child for three or more tests (a major individual intelligence and supplementary tests as indicated)

$2 administrative fee

Additional amount to cover expenses of examiners @ 10¢ per mile and exact cost of subsistence, with an understanding between chairman and examiners as to what are reasonable costs for meals and lodging.

The next few pages are examples of instruction sheets and forms used by the State Department of Education and by regional screening teams.

*The range of tests given should be related to the competencies of the examiners and the needs of individuals being tested.

SHORT FORM INFORMATION SHEET
(DISTRIBUTED ON REQUEST, TO PERSONS WANTING A BRIEF OVERVIEW OF MISSISSIPPI'S POLICIES REGARDING IDENTIFYING CHILDREN FOR M.R. PROGRAMS)

## SCREENING PROCEDURES FOR PLACEMENT IN SPECIAL EDUCATION PROGRAMS FOR MENTALLY RETARDED PUPILS

Each local school system having a program for education of mentally retarded children should have a local survey committee to receive referrals, to gather and study information about children referred and to make recommendations for screening to the regional screening team.

The local survey committee should make sure that parents of pupils under consideration are interviewed. Conversations with parents can elicit valuable information bearing on a child's difficulty and on the parent's attitudes. Such talks can also provide opportunities for explaining the special education program to parents.

The local survey committee must make every effort to see that the survey form (SE-MR-70) is filled out completely and in duplicate for each individual to be considered by the regional screening team. If it is impossible to answer some question on the data sheet, an explanation for the lack of information should be written.

The local survey committee chairman is responsible for checking or writing in the designated spaces the committee's recommendations, and for signing the data sheet on the line labeled "Chairman of Local Survey Committee".

The local school administrator is responsible for making appointments with the regional screening team of its choice to evaluate children recommended by the local survey committee. The regional team provides a person with appropriate training to administer individual tests to each child, and on the basis of test results and all information gathered by the local committee makes its decision as to eligibility for a class for the educable or trainable mentally retarded. The regional screening team -- which should include in its membership an educator, a speech therapist, a psychologist, a social worker and a medical doctor or health nurse -- makes the determination of eligibility.

The decision of the regional screening team allows the pupil to enter a program especially designed to meet his needs. Within this program the local school authorities are responsible for placing the child in a specific class. The inclusion of ineligible pupils, or pupils who have not been properly screened, can result in loss of state and/or federal (ESEA Titles I, III and VI) funding to the district, for special education programs.

Form SE MR 70

STATE DEPARTMENT OF EDUCATION
Woolfolk Bldg.
P. O. Box 771
Jackson, Mississippi 39205

DISTRICT _____ SCHOOL _____

# PUPIL PERSONAL DATA SHEET

(Submit in Duplicate)

## STUDENT IDENTIFICATION

Name _____ Sex _____ Race _____ Date of Birth _____

Home Address _____ Phone No. _____ Grade _____

Parent or Guardian _____ Reason for Referral _____

## STANDARDIZED TEST RECORD

| NAME OF TEST | Scores (grade equiv., % ile. IQ. etc.) | | | | | Examiner | Date Admin. |
|---|---|---|---|---|---|---|---|
| | Reading | Arith. | Lang. | Battery | IQ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## SUMMARY OF PSYCHOLOGICAL REPORTS (S) (Attach complete report)

| SCALED USED | Score (IQ, SQ, etc.) | | | EXAMINER | DATE Admin. |
|---|---|---|---|---|---|
| | Verbal | Performance | Full Scale | | |
| | | | | | |
| | | | | | |
| | C A | M A | I Q | | |
| | | | | | |
| | | | | | |

Comments (Significant findings, problems, etc.) _____

## REPORT OF REGIONAL SCREENING TEAM (NOT FOR LOCAL COMMITTEE)

Eligible _____ Educable MR _____ Signed: _____
Chairman

for

Ineligible _____ Trainable MR _____ Date: _____

Eligible on Trial _____ Center: _____

Suggestions for further service: _____

_____

(Please see other side)

HOME AND FAMILY BACKGROUND

Parents: Marital Status_____ Economic Status_____

Occupation___ Father_____ Mother_____

Education ___ Father_____Mother_____

Attitude toward Special Education_____

No. Siblings_____ Ages from_____ to_____ ; Siblings in Special Education_____

Home Behavior of Child_____

SUMMARY OF DEVELOPMENTAL HISTORY OF CHILD

Age in mos. (1) sat alone_____ (2) walked alone_____ (3) spoke words_____ (4) spoke in sentences_____ (5) was toilet trained_____ (6) fed self_____

Present height_____ft _____in.; Weight_____lbs.; Coordination_____
(good, fair, poor)

Evidence of defective vision? _____ impaired hearing? _____ poor speech?_____

Physical crippling?_____ emotional disturbance? _____ ____ hyperactivity? _____

EDUCATIONAL RECORD

Age entered school_____ Present age_____ Present grade_____ Grades repeated, etc._____

_____ Special classes attended_____

Behavior in school_____ _____

Irregularities in attendance_____

SUMMARY OF MEDICAL REPORT (Attach complete report)

Physical anomalies _____

Medications taking_____

Special precautions or limitations required_____ _____

Recommendations_____

Examining physician_____ DATE examined_____

RECOMMENDATION OF LOCAL SURVEY COMMITTEE

On the basis of the following criteria we recommend this child for further diagnosis as to special education eligibility.

1. _____Referral by teacher
2. _____ _____Group intelligence tests
3. _____ Group achievement tests
4. _____ Overage for class
5. _____Physical incoordination
6. _____Emotional involvement
7. _____Other ___ specify_____

_____

_____
Chairman of Local Survey Committee

OPTIONAL - (Each team may devise its own reporting system. This was submitted by the Northeast Mississippi Regional Screening team)



Summary Report Accompanying Each Group
of
Individual Reports Sent to School District
by
NORTHEAST MISSISSIPPI SCREENING TEAM
Tupelo, Mississippi

School _____ Date _____

| PUPIL | IQ | Recommendations | | | | | | Other Suggestions |
|---|---|---|---|---|---|---|---|---|
| | | EMR | | TMR | | EOT | | |
| | | yes | no | yes | no | yes | no | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Key: EMR- Educable Mentally Retarded
TMR- Trainable Mentally Retarded
EOT- Eligible On Trial

General Suggestions: _____

SUMMARY REPORT ACCOMPANYING EACH GROUP OF INDIVIDUAL

REPORTS SENT TO SCHOOL DISTRICT

OPTIONAL - (Each team may devise its own reporting system. This was submitted by the Northeast Mississippi Regional Screening team.)

School_____ Date_____

| Pupil | Eligible For | | | | | | | Other Suggestions |
|---|---|---|---|---|---|---|---|---|
| | IQ | EMR Class | | | TMR Class | | | |
| | | Yes | No | EOT | Yes | No | EOT | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

KEY: EMR- Educable Mentally Retarded
TMR- Trainable Mentally Retarded
EOT- Eligible on Trial

(May be used or revised by any regional screening team)

SAMPLE BILLING FORM

TO:

DATE:

SERVICES:

Psychologist or Contributor_____

PSYCHOLOGICALS:

| No. of Students | No. of Intelligence Tests | No. of Other tests | TOTALS |
|---|---|---|---|

SUBSISTENCE:

_____ miles @ 10¢ per mile

Other Expenses

ADMINISTRATIVE FEE:

No. of Students

GRAND TOTAL_____

SUBMITTED BY:

_____,Chairman
Northeast Mississippi Screening Team

# SPECIFIC LEARNING DISABILITIES

## SPECIFIC LEARNING DISABILITIES

Until 1970 the Statewide Screening Team made all determinations of eligibility for programs for children with specific learning disabilities. Henceforward, the State Department of Education will designate additional teams with competencies in making these decisions.

The forms and materials referred to in the ensuing discussion will be found on pages 26 and 32 in this handbook.

The school's responsibility in the process of identification of children with specific learning disabilities involves:

1. Completing in duplicate the "Pupil Personal Data Sheet" (Form SE SLD 70) for each child being referred.

2. Determining and recording each pupil's achievement level in each of the major subject matter areas.

3. Submitting an evaluation of each child, written by the teacher who works most closely with him (In situations where the child has a number of teachers, an evaluation by each teacher would be helpful.)

4. Submitting the recommendation of the local survey committee, as indicated by the chairman's signature at the end of the back page of the Pupil Personal Data Sheet SE SLD 70.

    a. The evaluating teacher is asked to check, on the list entitled "Characteristics of Children with Learning Disorders..." each characteristic which is noted to a marked degree in the behavior of the pupil being referred.

    b. After checking the "characteristics" list, the teacher is expected to write comments in her own words as to her evaluation of the child.

The regional screening team selected by the school system will send to the school one or more psychological evaluators, who will administer for each child appropriate tests and report findings to the screening team. Minimum testing would involve administration of: (1) the full Wechsler, obtaining and recording scaled scores on all subtests; (2) the Bender Visual Motor Gestalt Test, and (3) a supplementary test, such as the Goodenough Draw - a - Man, deemed by the evaluator to be necessary. In some instances, in which the regional screening team and the school administration have agreed that information from the ITPA will be useful, this test can be given if the examiner has proven competency in giving it.

In making a decision as to eligibility for classes in the area of learning disabilities, the regional screening team will consider the following factors, information, or criteria:

1. Level of intelligence: Although many mentally retarded children manifest symptoms of learning disabilities, only children with at least normal or potentially normal intelligence in either verbal or performance areas are considered eligible for such classes. The "potentially normal" might be considered those who have most of their subtest scaled scores within the normal range but because of appreciable deficit in one or a few subtests obtain verbal or performance IQ scores below the accepted normal level.

2. Intertest scatter among subtest scaled scores on the Wechsler scales: The mean is computed on each area (verbal or performance) and each subtest scaled score that deviates two or more points from the mean in its respective area is considered to comprise significant intertest scatter.

3. Intratest scatter on Wechsler scales: This is significant when the subject tends to get correct answers to very difficult items but fails much easier ones in the same test.

4. Fifteen or more points difference between verbal and performance IQ scores: If the verbal score is significantly higher than the performance score, one might suspect nonverbal learning disorders or frequently associated visual perceptual problems, or perhaps deficits in written language. If the performance score is significantly higher than the verbal score, deficits in auditory language or hearing might be suspected.

5. Specific subtest scaled scores considerably below others: As an example, low scores on block design and picture completion seem to be associated with visual perception problems, and low coding scores with written language deficits.

6. Drawings on Tests: Distortion of Bender drawings along with perseveration, rotation, poor organization, etc., indicate poor visual motor gestalt, which is said to be closely associated with visual perception. Distorted Goodenough drawings may suggest poor body image or awareness, lack of position in space, and possibly problems in arithmetic and nonverbal deficits.

7. The list of characteristics of learning disabilities: The teacher, or teachers, who knows the child best is asked to check those which he considers clearly applicable to the child being evaluated. This list was designed to identify five different areas of deficit --

    a. Auditory language - generalized, receptive, and expressive
    b. Reading - visual dyslexia and auditory dyslexia
    c. Written language - dysgraphia, revisualization, and formulation and syntax
    d. Arithmetic or number concepts - dyscalculia, and
    e. Nonverbal disorders of wide variation

8. Academic achievement: A child with learning disabilities will be appreciably below normal age-grade placement in one or more of his subject matter areas. Well administered achievement test scores are needed for this determination. If no such scores are available, the evaluator may wish to administer the Wide Range Achievement Test.

9. The medical report: The neurological, especially, can be significant in an evaluation or diagnosis.

10. The developmental history: The record of stages of development at normal ages or deviations is quite important in evaluating a child.

11. Educational record: It is important to know whether the child has always had learning problems or if they were acquired at some point. If the latter, one might suspect emotional problems as the primary handicap. Reports of teachers' observations are helpful.

12. The total picture: The composite, overall preponderance of evidence must be used in making a decision, not a few minor symptoms. Many times the team must "feel" an impression in a certain direction. The greatest evidence of eligibility is the presence of low academic achievement accompanied by normal or potentially normal intelligence. The other diagnostic items would be helpful in classifying the deficit so that appropriate remediation can be applied. The pupil in this class must be expected to eventually reach or approach normalcy in school achievement.

## Recommended Fees

The fee schedule for tests might be comparable to those for the mentally retarded, (See page 13), taking into consideration the additional number of tests to be used.

Because of the added time required for analyzing test results in evaluating children suspected of having specific learning disabilities, the regional screening team may charge an administrative fee of $5 per child.

Total cost per child to a school district would likely be about $21.

SE SLD 70

STATE DEPARTMENT OF EDUCATION
Woolfolk Bldg.
P.O. Box 771
Jackson, Mississippi 39205

(Submit in duplicate)

School _____

District _____

## PUPIL PERSONAL DATA SHEET

STUDENT IDENTIFICATION

Name _____ Sex _____ Race _____ Date of Birth _____

Home Address _____ Phone No. _____ Grade _____

Parent or Guardian _____ Reason for Referral _____

STANDARDIZED TEST RECORD

| NAME OF TEST | Scores (grade equiv. %ile, IQ, etc.) Reading | Arith. | Lang. | Battery | IQ | EXAMINER | DATE ADMIN. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SUMMARY OF PSYCHOLOGICAL REPORTS (Attach complete reports, test booklets, drawings, etc.)

| SCALE USED | | | | EXAMINER | DATE ADMIN. |
|---|---|---|---|---|---|
| Visual Motor Test (Bender Gestalt, Winterhaven, etc.) | | | | | |
| | Arith. Gd. | Read. Gd. | Spell. Gd. | | |
| Individual Achievement Test | | | | | |
| | Scores | | | | |
| | Verbal | Performance | Full Scale | | |
| Wechsler Intelligence Test | | | | | |
| Subtest Scaled Scores | Information _____ | Vocabulary _____ | Block Design _____ | | |
| | Comprehension _____ | Digit Span _____ | Obj. Assemby _____ | | |
| | Arithmetic _____ | Pict. Comp. _____ | Coding _____ | | |
| | Similarities _____ | Pict. Arrang. _____ | (Digit Symbol) | | |

Comments (Significant findings, problems, etc.) _____

REPORT OF REGIONAL SCREENING TEAM (NOT FOR LOCAL COMMITTEE)

Eligible _____ for Classes for children with Specific Learning Disabilities

Ineligible _____

Eligible on Trial _____

Signed: _____ Chairman

Date: _____

Center; _____

Suggestions for further diagnosis or services: _____

HOME AND FAMILY INFORMATION

Parents Marital Status _____ Economic Status _____

Occupation Father _____ Mother _____

Education Father _____ Mother _____

Attitude toward Special Education _____

No. Siblings _____ Ages from _____ to _____. Siblings in Special Education _____

Home Behavior of Child _____

Pregnancy Full Term _____ Premature _____ No. Months Premature _____

Birth: Natural _____ Hours in Labor _____ ; Caesarean _____; RH Factor - Yes _____ No ____

Development

Age in mos. (1) sat alone _____ (2) walked alone _____ (3) spoke words _____

(4) Spoke in sentences _____ (5) was toilet trained _____ (6) fed self _____

Present height _____ ft. _____ in.; Weight _____ lbs.

EDUCATIONAL RECORD

Age entered school _____ Present age _____ Present grade _____ Grades repeated, etc. _____

_____ Special classes attended _____

Behavior in school _____

Irregularities in attendance _____

SUMMARY OF MEDICAL REPORT (Attach Complete Reports)

Physical anomalies _____

Medications taking _____

Special precautions of limitations required _____

Examining Physician _____ Date examined _____

Neurological: Findings - - Positive _____ Negative _____ Nature _____

Examining Physician _____ Date examined _____

Recommendations _____

_____

DESCRIPTION OF BEHAVIOR (Based on attached list of characteristics. Give the name and number of the specific characteristics applicable to this child and explain how each applies to him. Use additional sheets if necessary.)

_____

_____

_____

_____

_____

_____

Recommended for: Program for children with Specific Learning Disabilities

Signed _____
Chairman, Local Survey Committee

## CHARACTERISTICS OF CHILDREN WITH LEARNING DISORDERS ATTRIBUTABLE TO CENTRAL NERVOUS SYSTEM DYSFUNCTION

(Dr. W. R. Burris, who made this compilation based on Myklebust's observations as well as his own and those of others, has found that it serves usefully as a checklist for organizing thoughts, although it will not substitute for the observer's description in his own words of the child being studied. Many children without learning handicaps display some of these characteristics occasionally, and no one child is likely to exhibit all of them. This section is subject to revision as indicated by research.)

<u>To be eligible for special classes in this area of exceptionality, one must be of normal or potentially normal intelligence.</u>

1. Lack of speech - Appears to be deaf.

2. Inadequate Speech - (Use of "me" for "I", one word for a complete thought, and incorrect naming of objects, things, or activities.)

3. Poor, or lack of, comprehension of the spoken word and environmental sounds.

4. Disturbed formulation and syntax - (In language usage, tendency to omit words, distort the order of words, use incorrect verb tenses, and make other errors in grammar long after such skills are normally acquired.)

5. Unable to associate sounds with particular objects or experiences - (May ignore school bell, etc.)

6. Seem to be more visually and tactually oriented than auditorially. (Prefers colorful and mobile toys rather than those which produce sound.)

7. Uses few vocalizations. When used, they vary in pitch and inflection, indicating a more normal vocal quality than found in the deaf.

8. Uses much gesture and pantomime instead of speech.

9. Has a reading deficit.

10. Manifests poor arithmetical reasoning.

11. Has a very limited memory span. (For example: may follow single commands but cannot do a series of things asked to do. May close the door if asked to do that only, but cannot take a book to the desk <u>and</u> close the door if both commands are given at one time.)

12. Cannot "call up" a word needed at a particular time. (For example: may be able to describe the use of an object but cannot think of its name.)

13. Substitutes for a word one with a similar meaning. ("Cake" for "pie", or "dog" for "cat", etc.)

14. Able to use the written word for communication but cannot evoke the appropriate auditory symbol.

15. Reads much better silently than orally.

16. Often looks dazed; may not respond to his own name.

17. Often cannot listen and becomes frustrated in conversational situations - (May cover his ears and withdraw from the stimulation.)

18. Deficient in such auditory skills as discrimination between sounds, rhyming, and blending sounds into words.

19. Does well on picture identification, painting, or marking tests.

20. Has difficulty understanding that some words have multiple meanings and that adjectives may represent quantities, or that some objects have more than one name.

21. Definite deficiency or retardation in reading. Two or more years behind mental age - grade placement (if older than 7 years).

22. Reversal tendencies in reading and writing - ("was" for "saw", "top" for "pot", "not" for "ton", "mat" for "tam", "rat" for "tar", "big" for "dig", etc.)

23. Visual discrimination difficulties and confusion of letters or words which are similar in appearance - ("boy", "bog", "beg", "big", etc.; "it", "at", "if", "of", etc.; "h" for "n", "u" for "v", "a" for "e", "i" for "j", etc.)

24. Inversion tendencies - ("u" for "n", "m" for "w", "b" for "p", "d" for "q", "a" for "v", etc.)

25. Slow rate of reading and recognition of words and unusual scrutiny of words, although accurate in discriminations.

26. Difficulty following and retaining visual sequences. (When given a series of block letters to arrange in order, cannot duplicate the pattern.)

27. Poor memory, especially of the printed word.

28. Omission of words, phrases, and sentences in reading - (skipping, jumping words.)

29. Problems with visual analysis and synthesis - (Inability to separate sentences, words, or syllables into their component parts or to combine these parts into a meaningful whole. May recognize the word "bus" as a whole, but cannot put "b" with "us" to form the word.)

30. On reading readiness and diagnostic tests much less adequate on visual skills than on auditory skills. Likewise, a greater preference for auditory over visual activities - (May memorize early school materials and appear to be reading.)

31. Difficulty in phonetic analysis - (Inability to "hear" the similarities in initial, medial, or final sounds of words.)

32. Difficulty in reading maps, globes, graphs, or floor plans.

33. Quite noticeable lag in written work as compared to other areas of learning, such as reading, speaking, comprehending, etc.

34. Impaired ability to execute the motor patterns for writing letters, numbers or words although apparently normal in intelligence, without visual and motor deficit, and can perform school work orally. Cannot write from dictation.

35. Lack of ability to do written spelling although can spell orally.

36. Inability to copy words, sentences, or drawings.

37. Normal ability to perform orally arithmetic problems but cannot work them out in written computation.

38. Poor concepts of space, distance, time, size, quanity, and ratio. (Often manifested in drawings of persons, geometric designs, objects in which the parts are not in proper proportion, or in improper size of letters and spacing between them.)

39. Lack of rhythm in writing - (Must write by complete control of every movement, often with facial grimaces, getting face close to work, and other poor writing posture.)

40. Difficulty staying between lines while writing and judging how long or how tall a letter should be.

41. Cannot revisualize or write words or letters to express ideas although can copy, speak, and read.

42. More adequate on objective tests ( true-false, multiple choice, matching, etc.) than on written discussion type tests.

43, Disturbance of written syntax not present in oral language - (Verbs, nouns, adjectives, adverbs, etc., inappropriate or out of place in sentences, or important words omitted.)

44. Incorrect word ending and punctuation in writing when they are used correctly in oral language or can be explained orally.

45. Meticulosity - An exactitude demanded by the child who must have everything "just so" . (May erase much in writing and drawing but seldom improves much over the initial effort.)

46. Poor coordination in fine motor movements. (Drops pencils and other objects frequently, difficulty in staying between the lines when writing.)

47. Reversals of letters and syllables in writing. (May make "d" for "b", "p" for "q", and 7, 9, 3, 4, 6, etc. backwards.)

48. Inability to form letters and digits correctly - (Starts at wrong place, goes wrong direction in making, forms in segments, etc.)

49. Difficulty in aligning numbers properly on the page, vertically or horizontally.

50. Improperly grasping the pencil to write.

51. Basically unable to identify own mistakes in written language.

52. Extremely slow writing - (Takes the child much longer than the typical to copy or write.)

53. A significant lag in arithmetical performance compared to that in the remainder of the subject areas.

54. Cannot quickly distinguish differences in shapes, sizes, amounts, lengths, or time. (Cannot look at objects and tell which contains the greater amount, the more units, or the greater distance.)

55. Was an early talker, showed extraordinary auditory abilities, or excelled in reading vocabulary and in syllabication skills.

56. Disturbance in body image, or incomplete or faulty knowledge of own body. (Drawings of the human figure often lacking in organization. May include details but fail to organize or structure the parts appropriately.)

57. Standardized test scores of intelligence tend to be considerably higher on verbal than on nonverbal functions.

58. Difficulty in establishing a one-to-one correspondence. (Cannot relate the number of children in the room to the number of seats needed; the number of forks to place on the table for a specific number of people dining.)

59. Deficiency in counting meaningfully. (Able to say the numbers in rote fashion; the relationship between the symbol and the quantity is not established.)

60. Counts auditorially but unable to identify the numerals visually.

61. Inability to learn both the cardinal and ordinal systems of counting.

62. Difficulty in visualizing clusters of objects within a larger group. (Each object in a group must always be counted.)

63. Lack of ability to grasp the principle of conservation of quantity. (That ten cents is the same whether it consists of two nickels, one dime, or ten pennies; or that a one-pound block of butter is the same as four one-quarter pound sticks; that changing the shape of a container does not necessarily change its volume.)

64. Difficulty in performing arithmetic operations; addition, subtraction, multiplication, division, etc.

65. Inability to understand the meaning of the process signs. ("=", "+", "-", "X", "÷", ">", "<", etc,)

66. Improper arrangement of numbers for specific types of arithmetical operations. (May start multiplying from left to right, or dividing from right to left.)

67. Inability to remember and follow the sequence of steps to be used in various mathematical operations.

68. Lack of understanding of the principles of measurement.

69. Inability to read maps, graphs, charts, and tables.

70. Cannot choose the principles for solving arithmetic problems involving reasoning. (May be able to read the words and do the problems if he is given the principle - add, subtract, multiply, etc. - but without assistance cannot determine which process to use.)

71. Counts on fingers or practices other immature ways of working.

72. When confronted with a problem he is unable to solve, may guess the answer or give some other unsuitable response.

73. Lack of ability to select and carry out a wise course of action.

74. Inability to see and weigh many possible choices of behavior.

75. Tendency to act with apparent thoughtlessness.

76. Impulsiveness - (Cannot restrain himself from touching and handling objects, particularly in a strange or over-stimulating environment.)

77. Lack of emotional control - Emotional lability ("Highstrung", irritable, or aggressive, but can change quickly to easy manageability and remorse. Easy laughing or crying which persists beyond reasonable limits.)

78. Catastrophic reaction - (Extreme helplessness, despair, or anxiety experienced when confronted with a task beyond the child's ability; usually accompanied by intense crying.)

79. Extreme irritability and intolerance of discipline.

80. Inability to keep attention focused on essentials. (Continual wandering of attention to extraneous stimuli or unimportant details.)

81. Tendency to become over-stimulated by activities that would be routine for the typical individual.

82. Hyperactivity - (Constant flitting from one thing to another: a forced, undirected response to stimuli which the typical child disregards.)

83. Hypoactivity - (Quiet, daydreaming, phlegmatic behavior - opposite of hyperactivity - Lack of reaction to stimuli.)

84. Lack of ability to await an anticipated event.

85. An abnormal fixation to unimportant details while disregarding the essentials. (For example, may give all of his attention to a page number instead of looking at the printed material or the picture on the page.)

86. A blurring or inversion of background and foreground where the main subject may blend with the background or the background itself may become the focus of attention - (May shift attention from one to the other.)

87. Inconsistency - (Tends to respond to the same stimulus one way one time and a different way at another time.)

88. Confused laterality and directionality - (Dominantly neither right nor left sided in the use of hands, feet and eyes - or right in one or more of these modalities and left in the others. Poor identification of direction.)

89. Noticeable and unusual time lag in responding to stimuli of a non-verbal nature.

90. Abnormal clumsiness or general lack of coordination in either gross or fine motor movements, or both; poor balance and throwing accuracy.

91. Aimless, random movements - (May "paw the air", wave arms, shuffle feet, etc.)

92. Inability to perform everyday routine tasks such as cutting with scissors, combing hair, jumping rope, skipping, etc.

93. Lack of understanding of social relationships and responses - Difficulty in understanding how others feel and in making judgments of people.

94. Inability to anticipate consequences of one's behavior.

95. Social immaturity, aggressive, antisocial, or uncontrolled behavior.

96. Cannot pretend or "play like".

97. Inability to understand implications of facial expressions, gestures, caresses, and actions of others, even though might be able to imitate them.

98. Inability to use gestures to express his ideas or feelings, or to imitate gestures made by others.

99. Cannot grasp the significance of hazards.

100. Fails to understand the rules and sequences of games.

101. Does not comprehend the experiences represented in one picture of a series in order to determine its place.

102. Disturbances in spatial orientation. (Loses way enroute to a destination. Cannot estimate distances, bumps into objects, has difficulty with prepositions as "on", "in", "under", "over", "below", etc.)

103. Disturbances in body image. (Difficulty identifying parts of the body, either his own, another person's or a doll's. Makes distorted drawings of the human figure.)

104. Lack of ability to grasp humorous situations or absurdities.

105. Cannot recognize objects only parts of which are pictured.

106. Disturbance in tactual perception. (Unable to identify objects or qualities such as smooth, rough, large, small, geometric shape, etc.. by the sense of touch or while blindfolded.)

107. Perseveration - (Continuing an activity long past the time or position when logic would dictate its termination; repeating a response beyond the time or point when it was appropriate; persistent repetition of questions even though they have been carefully answered.)

108. Lack of, delayed, or inconsistency of, response to stimuli. (May react in one way at one time and another way at another time to the same kind kind of stimuli.)

109. Short attention span. (Difficult to keep attention on any one activity for an appreciable length of time.)

# IDENTIFICATION OF PUPILS

# NEEDING SPECIAL EDUCATION PROGRAMS

# BECAUSE OF EMOTIONAL HANDICAPS

## EMOTIONAL HANDICAPS

Development of programs for children with emotional handicaps is still in its infancy in Mississippi. Any team selected to identify children thought to need special education because of emotional disturbances will be proceeding with great caution, and will likely be asked to contribute time and talents to development of programs for meeting the needs it identifies.

Regional screening team chairmen and educators at the 1970 Screening Institute agreed that, as a minimum, these factors would be considered:

1. All matters recorded on a pupil data sheet (See page 35 for sample data sheet) and items 2, 3 and 4 below

2. Educational evaluation, noting erratic or inconsistent behavior if this is present

3. Behavioral description

    a. Teacher's description of school behavior

    b. Record of observations in home

4. Intellectual evaluations

5. Reasons given for referral, and recommendation of local survey committee

6. Recommendation of clinical psychologist or psychiatrist

SE ED 70

STATE DEPARTMENT OF EDUCATION
Woolfolk Bldg.
P.O. Box 771
Jackson, Mississippi 39205

(Submit in duplicate)

Public Schools

## PUPIL PERSONAL DATA SHEET

STUDENT IDENTIFICATION

Name _____ Sex _____ Race _____ Date of Birth _____

Home Address _____ Phone No. _____ Grade _____

Parent or Guardian _____ Reason for Referral _____

STANDARDIZED TEST RECORD

| NAME OF TEST | Scores (grade equiv. %ile, IQ, etc.) Reading | Arith. | Lang. | Battery | IQ | EXAMINER | DATE ADMIN. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SUMMARY OF PSYCHOLOGICAL REPORTS (Attach complete reports, test booklets, drawings, etc.)

| SCALE USED | | | | EXAMINER | DATE ADMIN. |
|---|---|---|---|---|---|
| Visual Motor Test (Bender Gestalt, Winterhaven, etc.) | | | | | |
| | Arith. Gd. | Read. Gd. | Spell. Gd. | | |
| Individual Achievement Test | | | | | |
| | Scores | | | | |
| | Verbal | Performance | Full Scale | | |
| Wechsler Intelligence Test | | | | | |
| Subtest Scaled Scores | Information _____ | Vocabulary _____ | Block Design _____ | | |
| | Comprehension _____ | Digit Span _____ | Obj. Assemby _____ | | |
| | Arithmetic _____ | Pict. Comp. _____ | Coding _____ | | |
| | Similarities _____ | Pict. Arrang. _____ | (Digit Symbol) | | |

Comments (Significant findings, problems, etc.) _____

REPORT OF REGIONAL SCREENING TEAM (NOT FOR LOCAL COMMITTEE)

Eligible _____ for Program for Emotionally Disturbed

Ineligible _____

Eligible on Trial _____

Signed: _____
Chairman

Date: _____

Center: _____

Suggestions for further diagnosis or services _____

HOME AND FAMILY INFORMATION

Parents' Marital Status _____ Economic Status _____

Occupation: Father _____ Mother _____

Education: Father _____ Mother _____

Attitude toward Special Education _____

No. Siblings _____ Ages from _____ to _____, Siblings in Special Education _____

Home Behavior of Child _____

Pregnancy: Full Term _____ Premature _____ No. Months Premature _____

Birth: Natural _____ Hours in Labor _____ ; Caesarean _____; RH Factor - Yes _____ No _____

Development:

Age in mos. (1) sat alone _____ (2) walked alone _____ (3) spoke words _____

(4) Spoke in sentences _____ (5) was toilet trained _____ (6) fed self _____

Present height _____ ft. _____ in.; Weight _____ lbs.

EDUCATIONAL RECORD

Age entered school _____ Present age _____ Present grade _____ Grades repeated, etc. _____

_____ Special classes attended _____

Behavior in school _____

Irregularities in attendance _____

SUMMARY OF MEDICAL REPORT (Attach Complete Reports)

General:

Physical anomalies _____

Medications taking _____

Special precautions of limitations required _____

Examining Physician _____ Date examined _____

Neurological: Findings - - Positive _____ Negative _____ Nature _____

Examining Physician _____ Date examined _____

Recommendations _____

_____

DESCRIPTION OF PROBLEM BEHAVIOR (Attach additional comments if you wish)

_____

_____

_____

How long has this problem been evident? _____

_____

Recommended for: Program for Emotionally Disturbed Children

Signed:

_____

Chairman, Local Survey Committee

(Attach signed report of clinical psychologist or psychiatrist.)

# IDENTIFICATION OF PUPILS

# SCHOOL PROGRAMS FOR PHYSICALLY

# HANDICAPPED CHILDREN

# OR

# FOR HOMEBOUND INSTRUCTION

# SCREENING CHILDREN FOR PROGRAMS FOR PHYSICALLY HANDICAPPED PUPILS

In most instances, the physically handicapped child can attend classes with his non-physically handicapped peers. Certainly all school buildings should be constructed with ramps, handrails, and other special equipment in order to make it possible for crippled children to attend class.

A small minority of the physically handicapped my be so severely involved physically that it would be impossible to integrate these children into the regular or the existing special education classes. It may be necessary to establish a special class for the physically handicapped.

The local survey committee, before recommending a child for such a program, should first explore all possibilities for making adaptations in his activities within his grade placement. Then it should investigate to determine whether the local special education program fits, or can be modified to fit, his needs.

The local survey report should include statements as to the above as well as information called for on the attached personal data form. Note that this form, SE-PHHB-70, can be used for any physically handicapped child, whether he is being recommended for a special class or for homebound instruction. A section on screening for homebound programs follows.

FORM SE-PHHB-70



STATE DEPARTMENT OF EDUCATION
Woolfolk Bldg.
P. O. Box 771
Jackson, Mississippi 39205

_____ DISTRICT

_____ SCHOOL

PUPIL PERSONAL DATA SHEET
(Submit in Duplicate)

STUDENT IDENTIFICATION

Name _____ Sex _____ Race _____ Date of Birth____

Home Address _____ Phone No. _____ Grade _____

Parent or Guardian _____ Reason for Referral _____

STANDARDIZED TEST RECORD (Fill in last four years' records only)

| NAME OF TEST | Scores (grade equiv., % ile, IQ, etc.) Reading | Arith. | Lang. | Battery | IQ | Examiner | Date Admi |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SUMMARY OF PSYCHOLOGICAL REPORT(S) (Attach complete report)
(With reference to children being recommended for short-term homebound instruction, if there is no intellectual problem, this section may be omitted. Individual intelligence tests must be given, however, before placement in classes for the physically handicapped and should be given to children expected to be in homebound programs for long terms.)

| SCALES USED | Score (IQ, SQ, etc.) Verbal | Performance | Full Scale | EXAMINER | DATE Admin. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | C.A. | M.A. | I.Q. | | |
| | | | | | |

Comments (Significant findings, problems, etc.) _____

REPORT OF REGIONAL SCREENING TEAM (NOT FOR LOCAL COMMITTEE)

Eligible _____ Program for Homebound Children _____ Signed _____
Ineligible _____ For Special Class for Physically Chairman
Handicapped Pupils _____ Date _____
Eligible on Trial _____ Adapted Program in His Present Classroom _____
Center _____

Suggestions for further service _____

HOME AND FAMILY BACKGROUND

Parents: Marital Status _____ Economic Status _____

Occupation - Father _____ Mother _____

Education - Father _____ Mother _____

Attitude toward Special Education _____

No. Siblings _____ Ages from _____ TO _____; Siblings in Special Educatior

Home Behavior of Child _____

SUMMARY OF DEVELOPMENTAL HISTORY OF CHILD

Age in mos. (1) sat alone _____ (2) walked alone _____ (3) spoke words _____
(4) spoke in sentences _____ (5) was toilet trained _____ (6) fed self _____

Present height ____ft _____IN.: Weight _____lbs.; Coordination _____
(good,fair,poor)

Evidence of defective vision? _____ impaired hearing?_____ poor speech_____
Physical crippling? _____emotional disturbance? _____hyperactivity?
_____

EDUCATIONAL RECORD

Age entered school _____ Present age _____ Present grade _____ Grades repeated,et
_____ Special classes attended _____

Behavior in school _____

Irregularities in attendance _____

SUMMARY OF MEDICAL REPORT (Attach complete report)

Physical anomalies _____

Medications taking _____

Special precautions or limitations required _____

Recommendations _____

Examining physician _____ Date examined _____

TYPE OF PROGRAM BEING DEVELOPED TO MEET THIS PUPIL'S NEEDS _____

_____

_____

RECOMMENDATION OF LOCAL SURVEY COMMITTEE

On the basis of the following criteria we recommend this child for further diagnosis as to special education eligibility.

1. _____ Referral by teacher
2. _____ Chronic illness
3. _____ Physical stamina insufficient to carry on work in regular classroom
4. _____ Temporary illness expected to limit his activity for most of this school term
5. _____ Physical incoordination
6. _____ Emotional involvement
7. _____ Other _ Specify _____

_____

_____

_____

Chairman of Local Survey Committe

# INSTRUCTION FOR HOMEBOUND CHILDREN

The program for homebound children, although it may include some pupils who will never be able to attend school, has a preponderance of children with illnesses that may last for only a few weeks or months. For this reason, it is suggested that screening for this group involve a careful local study and consideration of doctors' and teachers' recommendations followed by reports to the State Special Education Office. By leaving the decision-making process in the local district, instruction can be started quickly for the temporarily disabled child, and by reporting carefully to the State Special Education Office, the local district can make sure to keep within approved policies for its program.

It is suggested that three weeks be the minimum time period for homebound instruction, except in cases where a child has a recurring illness. If a healthy child is disabled for less than three weeks, one may hope that he can get back into school routine without formal help.

For children who are expected to need to be taught at home for only a few weeks or months, the State Department of Education requires only a report from the school district listing names, addresses and periods of time in this program for homebound pupils, plus certification that each child referred for this service has been recommended by a licensed physician.

For each pupil who is expected to need that program for many months or years, the pupil data sheet SE-PHHB-70 should be completed, and the Regional Screening Team should be asked to pass on the eligibility of this child.

Sample forms and information sheets used by individual school systems within the state can be found on the following pages.

Jackson Public Schools
Office of Pupil Personnel
Services
1020 Hunter Street
10-69-4C

# SPECIAL INSTRUCTION
# FOR HOMEBOUND OR HOSPITAL-BOUND PUPILS

## I. Nature of Service

An instructional program in which a certified teacher is assigned to a pupil who is temporarily unable to attend regular day classes because of some medically diagnosed physical handicap or illness which restricts him to his home or to a hospital for a period of at least fifteen consecutive school days.

## II. Eligibility

To be considered for special instruction each applicant must meet the following conditions:

A. Be a bona fide resident of the Jackson Public School District.

B. Be enrolled in the regular day class of an accredited public or nonpublic school within the boundaries of the Jackson Public School District.

C. Be certified by the attending licensed physician as:

1. Unable to attend school for at least fifteen consecutive school days.
2. Physically, mentally, and emotionally able to benefit from instruction at home or at the hospital.
3. Not having a communicable disease.

D. Have an acceptable adult, as determined by the Director of Pupil Personnel Services, in the home or hospital whenever the teacher is present.

E. Be recommended by the administrator of the school in which the pupil is enrolled as being academically in need of special instruction.

F. Be approved by the Director of Pupil Personnel Services.

## III. Application Procedure

A. The parent or legal guardian of an eligible homebound or hospital-bound pupil may if he desires special instruction for his child, make written application on

approved Form A, obtainable at any school administrator's office or at the office of the Director of Pupil Personnel Services.

B. The school administrator will complete Form B and send it, with completed Form A (and the regular Referral to Psychological Services), to the Office of Pupil Personnel Services at 1020 Hunter Street.

C. The parent or legal guardian will take Form C to the attending licensed physician and ask him to complete it and send it to the Office of Pupil Personnel Services, 1020 Hunter Street.

D. Pupils will be considered for services in the order that the applications are received, and, if the capacity of the service is reached, approved pupils will be placed on a waiting list in that order.

E. When a pupil is certified as eligible for service, the Office of Pupil Personnel Services will notify the parent or legal guardian and the school administrator when instruction will begin.

IV. Special Instruction

A pupil approved for this service shall receive instruction for a minimum of three hours per week on a schedule to be determined by the Director of Pupil Personnel Services. The instruction will be given between 8:00 AM and 5:00 PM, Monday through Friday, except for school holidays. The teacher cannot serve more than ten pupils per week.

The assigned teacher shall work closely with the pupil's regular classroom teacher(s) to provide continuity to the educational program planned for his class(es).

V. Attendance Reporting

The State Board of Education has authorized Jackson Public Schools to give full attendance credit for all school days during the period in which the pupil is receiving services. The assigned teacher will notify the administrator of the school in which the pupil is enrolled as to the dates these services originate and are terminated for that pupil.

VI. Academic Credit

These services are intended only to help a pupil keep up with his regular day class. They serve as an extension of that class, and as such the marks of the pupil will be determined by the regular teachers in whose classes he is enrolled.

A product of:
Office of Pupil Personnel Services
Educational Division
Jackson Municipal Separate School District

VII. Supplies and Equipment

The assigned teacher, so far as possible, will utilize special equipment including tape recorders, teacher manuals, and other available materials to assist the pupil to remain abreast of the activities in his regular class(es).

School administrators, public or nonpublic, will issue to the assigned teacher a complete set of textbooks for the courses taken by the pupil. These books will be returned to the school by the assigned teacher when the period of the pupil's confinement terminates.

A product of:
Office of Pupil Personnel Services
Educational Division
Jackson Municipal Separate School District

JACKSON PUBLIC SCHOOLS
Office of Pupil Personnel Services
1020 Hunter Street
Telephone 355-4818
Jackson, Mississippi 39204

APPLICATION FOR SPECIAL INSTRUCTION
FOR HOMEBOUND OR HOSPITAL-BOUND PUPILS
(Form A)

Date_____

Name of Pupil_____Date of Birth_____

Name of Parent or Guardian_____

Enrolled in_____grade of_____School

Name of adult who will be in the home or hospital whenever the assigned teacher is present_____

In expectation that my child will be unable to attend regular classes at school for at least fifteen consecutive school days, I hereby make application for_____bound service.
(home, hospital)

Phone_____ Signed_____
Parent or Legal Guardian

---

(Form B)

After having conferred with the teachers of the above named pupil I _____ recommend that special instruction be provided.
(do, do not)

Comments:

_____

_____

_____

_____

_____

Date_____ Signed_____
School Administrator

JACKSON PUBLIC SCHOOLS
Office of Pupil Personnel Services
1020 Hunter Street Telephone 355-4818
Jackson, Mississippi 39204

SPECIAL INSTRUCTION FOR HOMEBOUND OR HOSPITAL-BOUND
PUPILS INFORMATION FOR PHYSICIAL

This is an instructional program in which a certified teacher is assigned to a pupil who is temporarily unable to attend regular day classes because of some medically diagnosed physical handicap or illness which restricts him to his home and or to a hospital for a period of at least fifteen consecutive school days.

To be considered for special instruction each applicant must, among other requirements, meet the following conditions:

Be certified by the attending licensed physician as:

1. Unable to attend school for at least fifteen consecutive school days.
2. Physically, mentally, and emotionally able to benefit from instruction at home or at the hospital.
3. Not have a communicable disease.

---

(Please send the completed form to the Office of Pupil Personnel Services)

Name of Pupil _____

Address _____ School _____

PHYSICIAN'S STATEMENT

At the request of the parent/legal guardian of the above mentioned pupil and in consideration of both the condition of the child and the nature of the service for which the parent/legal guardian is applying, it is my recommendation that the service (be, not be) provided.

This pupil will probably be confined: _____ days in hospital,

_____ days at home.

(Nature of illness or impairment. Is it contagious? Should limitations be placed on the amount of instruction time? Are there any problems or handicaps of which the teacher should be aware? Other comments)

_____

_____

_____

Date _____ Signed _____, Physician

Phone _____ Address _____

*SUPERINTENDENT'S BULLETIN - 6 - 69*
*HINDS COUNTY PUBLIC SCHOOLS*
*SEPTEMBER, 1969 - (D-A- COUNSELORS)*

## *HOMEBOUND PROGRAM*

*Hinds County Public Schools*

*PURPOSE:*

*The homebound program has been originated to provide tutorial assistance to students whose attendance at school is prohibited because of physical handicap. The service is provided in order to help that student maintain a contact with the school and provide continuation of academic progress until such time as he is able to resume regular classroom attendance.*

*PROCEDURE:*

*A student may ask for placement under the homebound program by contacting his or her principal. An application blank should be completed, signed by the principal, parents, and physician. The application blank should be forwarded to the Department of Guidance, Hinds County Public Schools. Notification of approval would release the school to serve the student. A plan of instruction should be selected by parents and principal.*

*PLAN OF INSTRUCTION:*

### *PLAN I*

*A teacher would be selected who could best meet the student's academic needs. The teacher would be assigned to visit the home of the student on the basis of two hours per week to give and explain assignments. Books would be provided by the school. The teacher would be reimbursed by submitting number of hours of instruction, plus travel miles. The rate of five dollars per hour and seven cents per mile would be provided.*

### *PLAN II*

*A tape recorded would be provided at home and school for a taped lesson. The tapes would be recorded by the regular teacher or a fellow classmate delivered to the home, and returned to school when lessons are completed.*

### *PLAN III*

*Telephone jacks would be provided by parents in each classroom. A fellow student would move the telephone from classroom to classroom where high school level courses are involved. All expenses of this Plan would be the responsibility of the parents.*

*HOMEBOUND PROGRAM*

*HINDS COUNTY PUBLIC SCHOOLS*

*DATE:* _____

*STUDENT'S NAME:* _____

| *DATES OF INSTRUCTION* | *HOURS* |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

*TEACHER*

_____

*SCHOOL*

_____

*TOTAL AMOUNT DUE:* _____

*APPROVED BY:*

_____

PAGE 48 MISSING FROM ORINGINAL DOCUMENT

JUL 3 1970

# Biloxi Municipal Separate School District

ROBERT D. BROWN, SUPERINTENDENT
Biloxi, Mississippi 39530

July 2, 1970

Mr. Herman White
Director
Special Education
P. O. Box 771
Jackson, MS 39205

Dear Herman:

I am enclosing a form that we used to enroll Home-Bound students and also verify hours worked by each teacher. I hope that it will be of some benefit to you.

Briefly our system operates in this manner:

1. A teacher or parent refers the name of the prospective Home-Bound teacher to a school nurse. The nurse confers with the doctor and with the parents and, if the student is scheduled to be out of school more than fifteen days and is physically able according to his doctor, we initiate the Home-Bound program with his teacher (s) if at all possible.

This past year twenty-one students graduated on stage with their classmates, whereas they would have had to attend summer school if the program had not existed.

I trust that this information will be helpful.

Yours very truly,

Bill Lee

Bill Lee
Assistant Superintendent

BL:mrd

Encl. (1)

BILOXI EDUCATIONAL ENRICHMENT SERVICES
BILOXI MUNICIPAL SEPARATE SCHOOLS DISTRICT
Biloxi, Mississippi 39533

Date _____

## HOSPITAL AND HOMEBOUND STUDENTS ESEA TITLE VI

Name of Student _____ Grade _____or

Subject (secondary) _____ School _____

Date confined _____ Doctor's approval _____

Initial by Health Nurse _____ By Counselor _____

## LESSONS ADMINISTERED

| Date | No. of Hours | Rate | Total |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date returned to school _____

Progress (circle one) Excellent Satisfactory Poor

Name of teacher _____

School assigned _____

Note: Complete in Duplicate and send to Dr. Bill Lee, P. O. Box 168, Biloxi, by first of month